Name in Full | Certificate of Death

Susan Anderson

Died at Town: Worton Point | County: Kent | MARYLAND

Date 1899 | Month: March | Day: 28 | Age Y. 76 M. D. | Native of: Kent Co | Occupation: House Keeper

~~Male~~ ~~White~~ ~~Married~~ Widow ~~Divorced~~

Female Colored Single ~~Widower~~ Number of children living 3

Husband / Wife of: Anderson

Father's Name: Dont Know | Mother's Name: Dont Know

Cause of Death: Primary 141 | How long sick

Immediate: General Debility | Accident, Suicide, Homicide

Reported by: John H. Hissey

Address: Hunesville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full — Certificate of Death

George Frisby Blake, colored

Died at — Town: Chestertown — County: Kent — MARYLAND

Date 1899 — Month: Mar. — Day: 22 — Age: Y. 21 — M. 4 — D. — Native of: Chestertown — Occupation: Laborer

Male — ~~White~~ — ~~Married~~ — ~~Widow~~ — ~~Divorced~~

~~Female~~ — Colored — Single — ~~Widower~~ — ~~Number of children living~~

Husband of Wife

Father's Name: Jas H Blake — Mother's Name: Kate Blake

Cause of Death — Primary: 22a — How long sick: about 6 weeks

Immediate: Consumption — Accident, Suicide, Homicide

Reported by: John N. Dodd, Undertaker

Address: Chestertown Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65958

Name In Full

Certificate of Death

M. Martin Dill

Died at Town near Galena County Kent MARYLAND

Date 1899	Month 3	Day 29	Y.	M.	D.	Native of	Occupation
			Age 67				

Male / ~~Female~~ | White / Colored | Married / ~~Single~~ | Widow / Widower | Divorced | Number of children living 7

Husband of
Wife

Father's Name

Mother's Name

Cause of Death — Primary: 161 — How long sick

Immediate — Accident, Suicide, Homicide

Reported by Transcript 4-20

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name In Full

Certificate of Death

William Dudley

Died at Millington (Town) Kent (County) MARYLAND

Date 189[illegible] Month March Day 14 | Age Y. 85 M. D. | Native of Md | Occupation Labour

Male / Female | White / Colored | Married / Single | Widow / Widower | Divorced | Number of children living 3

Husband of
Wife

Father's Name

Mother's Name

155-a

Cause of Death: Primary — Dropsy Old age — How long sick 1 year

Immediate — Accident, Suicide, Homicide

Reported by J L Smith Undertaker

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79-693

Attended by Dr. _____

of _____

Seen by Coroner Undertaker

of Millinocket

Information contained in this certificate re-

ceived from Friends

of William Dudley

Name in Full — Certificate of Death

Mrs Rena Dyer

Died at Chestertown (Town) Kent (County) MARYLAND

Date 1899 — Month 3 Day 26 — Age Y. 67 M. 6 D. —

~~Male~~ / Female — White / ~~Colored~~ — ~~Married~~ / ~~Single~~ / Widow / ~~Widower~~ / ~~Divorced~~

Native of Delaware — Occupation Housewife

Number of children living 13

Husband / Wife of John Dyer

Father's Name Samuel Bassett — Mother's Name Sarah Bassett

Cause of Death — Primary: Tuberculosis. 22a — Immediate: Pneumonia.

How long sick 18 days

~~Accident, Suicide, Homicide~~

Reported by G. W. Simmons.

Address Chestertown Maryland.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 6598B

Name in Full George Washington Elburn

Certificate of Death

Died at Town Rockhall County Kent - Co. MARYLAND

Date 1899 Month March Day 14 | Age Y. 68 M. 3 D. 8 | Native of Kent Co. | Occupation Oysterman

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

Husband ~~Wife~~ of Mary Crouch

Father's Name George Henry Elburn

Mother's Name Rachel Porter

Cause of Death: Primary Dropsy 155a

Immediate Exhaustion

How long sick 3 months

~~Accident, Suicide, Homicide~~

Reported by Walter O Selby M.D.

Address Rockhall Kent Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Hester Griffin

Died at Town Galena County Kent MARYLAND

Date 1899 Month Mar. Day 13 | Age Y. M. D. about 70 yrs | Native of — | Occupation —

~~Male~~ ~~White~~ Married Widow ~~Divorced~~

Female Colored ~~Single~~ ~~Widower~~ Number of children living none

~~Husband~~ Wife of Thos Griffin

Father's Name — Mother's Name —

Cause of Death: Primary — 1556 How long sick hour

Immediate heart failure Accident, Suicide, Homicide

Reported by W. T. Hicks F. D. 4-25

Address Galena Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

68

As D. in attendance

Name in Full Edith Mamie Hickey

Certificate of Death

Died at Rockhall County Kent — Co MARYLAND

Date 189 7 Month March Day 18 | Age Y. 8 M. 10 D. | Native of Kent — Occupation

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ Widow Widower Divorced | Number of children living

Husband of
Wife

Father's Name John Hickey

Mother's Name Rachel Sanders

Cause of Death — Primary Pneumonia — How long sick 2 / days

Immediate Exhaustion

~~Accident, Suicide, Homicide~~

Reported by Walter O Selby M.D.

Address Rockhall Kent — Co

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Clarence Franklin Jones

Certificate of Death

Died at Town: Galena County: Kent MARYLAND

Date 1899 Month: March Day: 1 Age Y. 5 M. 3 D. Native of Occupation

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widow~~ Widower ~~Divorced~~ ~~Number of children living~~

Husband / ~~Wife~~ of

Father's Name: William J. Jones

Mother's Name: Mary E. Lucas

Cause of Death — Primary: Intestinal Obstruction — How long sick: 86

Immediate: Collapse — Accident, Suicide, Homicide

Reported by: Edward A. Scott. Jr. D.

Address: Galena, Kent Co, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65068

Name in Full: Levi Kennard

Certificate of Death

Died at — Town: Coleman — County: Kent — MARYLAND

Date 1899 — Month: Mch — Day: 17 — Age: Y. 63 M. 3 D. 4 — Native of: Md — Occupation: Laborer

Male ~~Female~~ — ~~White~~ Colored — Married ~~Single~~ — ~~Widow~~ ~~Widower~~ — ~~Divorced~~ — Number of children living: 1

Husband ~~Wife~~ of: Sarah

Father's Name: Isiac Kennard — Mother's Name: Arrimenta Kennard

Cause of Death — Primary: / — How long sick: 3 days

Immediate: Heart failure — Accident, Suicide, Homicide

1556

Reported by: W H Kruzen funeral director

Address: Still Pond Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78706

Attended by Dr. M Shaw-mell

of Still Pond

Seen by Coroner

of

Information contained in this certificate received from Isaac Kunard & wife

of Colemans md

Name in Full: Mary Lee Lewis

Certificate of Death

Died at Town: Edesville County: Kent MARYLAND

Date 1899 Month: March Day: 24 | Age Y. 14 M. D. | Native of: Maryland. | Occupation

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ Number of children living

Husband / Wife of

Father's Name: Joseph H. Lewis

Mother's Name: Martha J. Lewis

Cause of Death:
- Primary: Obstruction of bowels
- Immediate: Heart Failure 86

How long sick: 20 days

~~Accident, Suicide, Homicide~~

Reported by: L. B. Willson

Address: Edesville Kent Co. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Charles M. Lucas

Died at Town: Chestertown County: Kent MARYLAND

Date 1894 Month: Mar Day: 30 Age Y. 59 M. 5 D. 21 Native of: Balto. Occupation: Postmaster

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ Widow ~~Widower~~ ~~Divorced~~ Number of children living 1

Husband of ~~Wife~~ Marcelen Lucas

Father's Name: Thos. H. Lucas Mother's Name: Deborah Lucas.

Cause of Death: Primary: Bright's Disease 97 Immediate: Uremia

How long sick: last illness 5 days.

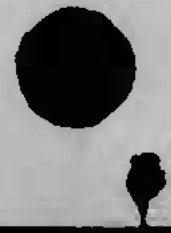
~~Accident~~, Suicide, Homicide

Reported by H. Bunyan Simmons MD

Address Chestertown. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU: 65088



Name in Full

Noah Perry

Certificate of Death

Died at Town Chestertown County Kent MARYLAND

Date 189 9 Month Mar. Day 30 Age Y. 3 M. - D. —

Native of Md Occupation

~~Male~~ White ~~Married~~ ~~Widow~~ Divorced

~~Female~~ ~~Colored~~ ~~Single~~ Widower Number of children living

Husband of
Wife

Father's Name Charlie Perry

Mother's Name Annie Johnson

Cause of Death { Primary Tuberculosis

How long sick 5 days

Immediate Angina Trachealis

~~Accident, Suicide, Homicide~~

Reported by F. W. Hodgkin M.D.

Address Chestertown Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, BOSTON

Name in Full: Garrison Phillips

Certificate of Death

Died ~~at~~ Town: Tolchester Beach. County: Kent

MARYLAND

Date 1899 Month: March Day: 7 st Age Y. 69 M. D.

Native of: Maryland

Occupation: Farm hand

Male ~~Female~~ ~~White~~ Colored Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~

Number of children living: Three

Husband of Wife: Augusta Phillips

Father's Name: George Phillips

Mother's Name: Letta Phillips

Cause of Death: Primary: La Grippe

Immediate: Exhaustion

9

How long sick: One Month

~~Accident, Suicide, Homicide~~

Reported by: L B Willson

Address: Otterville Kent Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968

Name in Full

Certificate of Death

George T. Phillips

Town County

Died at Witow Point Kent MARYLAND

Month Day Y. M. D. Native of Occupation

Date 189 9 March 19 Age 52 Kent Co Laborer

Male ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ Colored Single Widower Number of children living 6

Husband of Wife Dont Know,

Father's Name Moses Phillips

Mother's Name Edith Phillips

Cause of Death Primary Bright Disease

Immediate

How long sick 6 months

97

~~Accident, Suicide, Homicide~~

Reported by John H. Hessey

Address Hanson Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full: Augustus Smith

Certificate of Death

Died at: Town: New Edesville County: Kent MARYLAND

Date 1899 Month: March Day: 6 | Age Y.: 64 M.: 8 D.: 1 | Native of: Maryland | Occupation: Farmer retired

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

Husband / Wife of

Father's Name: Stephen Hyman Smith

Mother's Name: Elizabeth Griffith

Cause of Death: Primary: Chronic Bronchitis

Immediate: Exhaustion 70

How long sick

~~Accident, Suicide, Homicide~~

Reported by: L. B. Willson

Address: Edesville Po Kent Co. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full — Certificate of Death

Catherine White.

Town: Coleman — County: Kent — Died at — MARYLAND

Date 1899 — Month: 3 — Day: 2 — Age: Y. 73 M. D. — Native of: Kent — Occupation: Housewife.

~~Male~~ / Female — ~~White~~ / Colored — ~~Married~~ / ~~Single~~ / Widow / ~~Widower~~ — ~~Divorced~~ — Number of children living 3.

Husband / Wife of Alexander White

Father's Name —— Mother's Name ——

Cause of Death — Primary: Marasmus 82 — How long sick: several years.

Immediate — ~~Accident, Suicide, Homicide~~

Reported by Wm. S. Boatwell.

Address Still Pond. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Joseph Wright

Certificate of Death

Died at Town Chestertown County Kent MARYLAND

Date 189 9 Month 3 Day 24 Age Y. M. D. | Native of | Occupation

Male ~~Female~~ | ~~White~~ Colored | Married Single | Widow Widower | Divorced Number of children living

Husband of
Wife

Father's Name

Mother's Name 1526

Cause of Death: Primary Hanged — How long sick

Immediate — Accident, Suicide, Homicide

Reported by Emerald Reed

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70PD8

Dr. Callin & Dodd
pronounced him dead